Best Available Galication or Docket Number													
	PATENT	RD WWW	Number										
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09) 966, 224												•	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			29				RATE		FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMB	IUMBER EXTRA		BASIC FEE 3		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			ටු <sup>ව</sup> minus 20=		•	9		\$ 9=		OR	X\$18=	162	
INDEPENDENT CLAIMS			6 minus 3 =		. 3/		X	X40=		1	X80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT										OR		770	
• If	the difference	in column 1 is	less than ze	ro, enter	"O" in c	+135=				OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II							TC	TAL	<u> </u>	OR	TOTAL	117	
j.	-13-06	(Column 1)	MENDEL	WENDED - PART II (Column 2) (Column 3				IALL	ENTITY	OR	OTHER SMALL		
V		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER SUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 29	Minus	- 20	7	-	X	9=	PEC	OR	X\$18=	FEE	
	Independent	. 3	Minus	··· 6		<b>=</b>	X	10=	<del></del>	OR	X80⇒		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								35=		OR	+270=		
6	12/0b (Salum 1)							T. FEE		OR	ADDIT. FEE		
$\dashv$	(Column 1) (Column 2) (Column 3)									•			
AMENOMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	OUSLY FOR	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 29	Minus	• 2	9	= /	XS	9=		OR	X\$18=		
	Independent FIRST PRESE	・   NTATION OF MIL	Minus ULTIPLE DEP	enDENT	CLAIM	-/	X4	0=		OR	X80⇒		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=		
								OTAL FEE		OR	TOTAL NODIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	•	Minus	••		5	X\$	_	FEE		X\$18=	FEE	
NE NE	Independent	•	Minus	***		•	<u> </u>			OR			
_	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		X4	<b>√3</b>		OR	X80=		
+135=											+270=		
	"If the entry in column 1 is less than the entry in column 2, write "O" in column 3,  "If the Prignest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-475 (Rev. 8/00)